

**Application Data Sheet**

**Application Information**

Application number::

Filing Date::

Application Type::

**Regular**

Subject Matter::

**Utility**

Suggested classification::

Suggested Group Art Unit::

Title::

**Extracorporeal Organ Conservation**

Attorney Docket Number::

**06-022**

Request for Early Publication?::

**No**

Request for Non-Publication?::

**No**

Suggested Drawing Figure::

**1**

Total Drawing Sheets::

**1**

Small Entity::

**Yes**

Petition included?::

**No**

**Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**Germany**

Status::

**Full Capacity**

Given Name::

**Joachim**

Middle Name::

Family Name::

**Arzt**

Name Suffix::

City of Residence::

**Reichenbach**

State or Province of Residence::

Country of Residence::

**Germany**

Street of mailing address::

**Plauensche Str. 54**

City of mailing address::

**Reichenbach**

State or Province of mailing address::	
Country of mailing address::	<b>Germany</b>
Postal or Zip Code of mailing address::	<b>08468</b>
Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>Germany</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Albrecht</b>
Middle Name::	
Family Name::	<b>Gnuechtel</b>
Name Suffix::	
City of Residence::	<b>Mannheim</b>
State or Province of Residence::	
Country of Residence::	<b>Germany</b>
Street of mailing address::	<b>F3, 4</b>
City of mailing address::	<b>Mannheim</b>
State or Province of mailing address::	
Country of mailing address::	<b>Germany</b>
Postal or Zip Code of mailing address::	<b>68159</b>
Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>Germany</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Christine</b>
Middle Name::	
Family Name::	<b>Thiele</b>
Name Suffix::	
City of Residence::	<b>Dresden</b>
State or Province of Residence::	
Country of Residence::	<b>Germany</b>
Street of mailing address::	<b>Wahnsdorfer Str. 6b</b>
City of mailing address::	<b>Dresden</b>

State or Province of mailing address::  
Country of mailing address:: **Germany**  
Postal or Zip Code of mailing address:: **01129**  
Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **Germany**  
Status:: **Full Capacity**  
Given Name:: **Michael**  
Middle Name::  
Family Name:: **Schoen**  
Name Suffix::  
City of Residence:: **Leipzig**  
State or Province of Residence::  
Country of Residence:: **Germany**  
Street of mailing address:: **Kleiststr. 47**  
City of mailing address:: **Leipzig**  
State or Province of mailing address::  
Country of mailing address:: **Germany**  
Postal or Zip Code of mailing address:: **04157**

#### **Correspondence Information**

Correspondence Customer Number:: **24124**

#### **Representative Information**

Representative Customer Number:: **24124**

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage Under 35 U.S.C. § 371 of	PCT/DE 2004/001944	September 2, 2004

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	DE 103 40 488.0	September 3, 2003	Y